

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **09/890799**
APPLICANT(S)

FILING DATE

8-25-84 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1		1			62						
3		1		1			63						
4		1		1			64						
5		1		1			65						
6		1		1			66						
7		1		1			67						
8		1		1			68						
9		1		1			69						
10		1		1			70						
11		1		1			71						
12		1		1			72						
13		1		1			73						
14		1		1			74						
15		1		1			75						
16	1						76						
17							77						
18							78						
19							79						
20							80						
21							81						
22							82						
23							83						
24							84						
25							85						
26							86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	3		1				TOTAL IND.						
TOTAL DEP.	13		13				TOTAL DEP.						
TOTAL CLAIMS	16		14				TOTAL CLAIMS						

BEST AVAILABLE COPY